Attorney's Docket No. NC30526

Express Mail No.: EK879695666US

**PATENT** 

# COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR C-I-P)

As a below named inventor, I hereby declare that:

	TYPE OF DECLARATION
This de	eclaration is of the following type:
	(check one applicable item below)
•	original.
	design.
	supplemental.
NOTE:	If the declaration is for an International Application being filed as a divisional, continuation or continuation in-part application, do <u>not</u> check next item; check appropriate one of last three items.
	national stage of PCT.
NOTE:	If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR C-1-P.
	divisional.
	continuation.
	continuation-in-part (C-I-P).
	INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

### TITLE OF INVENTION

SYSTEM AND METHOD FOR EFFICIENT STATE TRANSFER IN MOBILE **NETWORKS** 

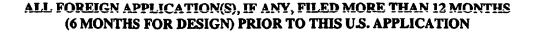
### SPECIFICATION IDENTIFICATION

the spe	cificatio	on of whi	ich: [complete (a), (b) or (c)]
(a) ☐ (b) ⊠	was fill or []]	Express 1	eto.  ly 14, 2000 as Serial No. 09/616,221  Mail No., as Serial No. not yet known  led on (if applicable).
NOTE:	accorded filed with	d a filing d th the appl	I after the original papers are deposited with the PTO which contain new matter are not late by being referred to in the declaration. Accordingly, the amendments involved are those lication papers or, in the case of a supplemental declaration, are those amendments claiming bassed in the original statement of invention or claims. See 37 CFR 1.67.
(c)			and claimed in PCT International Application No filed on and der PCT Article 19 on(if any).
	ACKN	OWLED	OGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR
I herei	by state cation, i	that I	have reviewed and understand the contents of the above-identified the claims, as amended by any amendment referred to above.
			to disclose information which is material to patentability as defined in 37, ations, § 1.56,
			(check the following items, if desired)
		where t	nich is material to the examination of this application, namely, information there is a substantial likelihood that a reasonable Examiner would consider that in deciding whether to allow the application to issue as a patent, and
			in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.
			PRIORITY CLAIM [35 U.S.C. § 119(a)–(d)]
foreign designa identifi internat Americ	applica ating at l ed belo tional a a filed	tion(s) for east one wany pplication by me	priority benefits under Title 35, United States Code, § 119(a)–(d) of any or patent or inventor's certificate or of any PCT international application(s) country other than the United States of America listed below and have also foreign application(s) for patent or inventor's certificate or any PCT on(s) designating at least one country other than the United States of on the same subject matter having a filing date before that of the priority is claimed.  [complete (d) or (e)]
(d) 🛛	no such	n applica	tions have been filed.
(e) 🔲	such ap	plication	ns have been filed as follows.
NOTE:	Where in priority o	em (c) is a check item	entered above and the International Application which designated the U.S. itself claimed (e), enter the details below and make the priority claim.

# PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)—(d)

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			☐ YES NO☐

			سا ل	0
CLA	IM FOR BENEFIT OF PRIOR	R U.S. PROVISIONAL AP. S.C. § 119(e)]	PLICATION	(S)
	im the benefit under Title 35, application(s) listed below:	Jnited States Code, § 1190	e) of any Un	ited States
PROVISION	IAL APPLICATION NUMBER	FILING	DATE	
<u> </u>				
<del>-</del>	<del></del>		<del></del>	
				<del></del>
	CLAIM FOR BENEFIT OF E. UNDER	ARLIER US/PCT APPLIC 35 U.S.C. 120	:ATION(S)	
	The claim for the benefit of an ADDED PAGES TO COMBI ATTORNEY FOR DIVISION PART (C.L.P.) APPLICATION	NED DECLARATION AND NAL, CONTINUATION OR	D POWER OF	7



NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR C-I-P APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.

### POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

36,345
41,270
37,995
42,588
44,873
41,242
45,688
41,400
39,368
36,446
41,547

(check the following item, if applicable)

Attached as part	of this declara	ıtion	and por	wer o	f attorne	y is the author	orizatio	n of
the above-name representative(s).	•	to	accept	and	follow	instructions	from	my

SEND CORRESPONDENCE TO

**DIRECT TELEPHONE CALLS TO:** 

Nokia Inc. Linda Beach

Attn:

6000 Connection Drive

Irving, TX 75039 (650) 625-2530

### **DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

# SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inven Rajeev	tor	Koodli
(GIVEN NAME)	(Middle Initial or Name)	Family or Last Name)
Inventor's Signature:	Ly	<b>⊋</b>
Date: Mcy 22,01	Country of Citizenship:	India
Residence 1063 Morse Ave	enue, #20-102	
Post Office Address Sunnyva	ale, CA 94089	
Full name of second joint inver	ntor, if any	
Charles	E. (Middle Initial or Name)	Perkins
(GIVEN NAME)	(Middle Initial or Name)	Family or Last Name)
Inventor's Signature:	harles E Palens	mag 22, 2001
Date:	Country of Citizenship:	U.S.
Residence 12450 Rlue M	leadow Court	
Post Office Address Sarato	oga, CA 95070	
Full name of third joint invento	or, if any	
Manish		Tiwari
(GIVEN NAME)	(Middle Initial or Name)	Family or Last Name)
Inventor's Signature:	Harrie	
Date: 12/20/00	Country of Citizenship	India
Residence	et, Apt. 11	
Post Office Address West L	afayette, IN 47906	

[check proper box(es) for any of the following added page(s) which form a part of this declaration]

	Signature for fourth and subsequent joint inventors. Number of pages added
	Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. <i>Number of pages added</i>
	•••
	Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added
	•••
	Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time (37 CFR 1.47). Number of pages added
	•••
	Added pages to combined declaration and power of attorney for divisional, continuation or continuation-in-part (C-I-P) application.  Number of pages added
	•••
☐ of pag	Authorization of attorney(s) to accept and follow instructions from representative. Number es added
	•••
	(If no further pages form a part of this Declaration, then end this Declaration with this page and check the following item:)
	☑This declaration ends with this page.